

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORKNikita Watkins

(In the space above enter the full name(s) of the plaintiff(s).)

Amended  
COMPLAINT

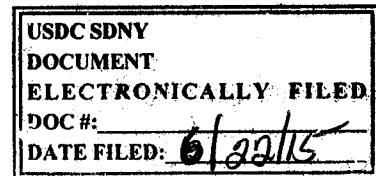
-against-

Detective Rocco Ruscitto  
Shield No. 05173 andDetective John Gengo Shield No.  
00182, Both of the 42<sup>nd</sup>  
precinct located in the Bronx  
NyCorporation Counsel of City  
of New York

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

Jury Trial: ☐ Yes ☐ No  
(check one)

14 CV. 7504



## I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Nikita Watkins

Street Address

130 Baruch Pl. Apt F12 10002

County, City

Ny, Ny

State &amp; Zip Code

Telephone Number

347/483-0717

- B. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Detective Rocco Ruscitto

Street Address

42<sup>nd</sup> precinct Bronx Ny

County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 2

Name Detective John Genjo  
 Street Address \_\_\_\_\_  
 County, City Bronx NY  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 3

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

Defendant No. 4

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 County, City \_\_\_\_\_  
 State & Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_

**II. Basis for Jurisdiction:**

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

A. What is the basis for federal court jurisdiction? (*check all that apply*)☒ Federal Questions☐ Diversity of Citizenship

B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? \_\_\_\_\_

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship \_\_\_\_\_

Defendant(s) state(s) of citizenship \_\_\_\_\_

**III. Statement of Claim:**

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events.

You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. Where did the events giving rise to your claim(s) occur? 730 Kelly St. Apt. 402 Bronx NY, 42<sup>nd</sup> Precinct
- B. What date and approximate time did the events giving rise to your claim(s) occur? March and April of 2013

C. Facts: The two above named detectives kept harassing me on false claims of a violation of an order protection; I was never served with

What happened to you?

Who did what?

Was anyone else involved?

They on about two or three separate occasions kept coming to my shelter arresting me with a female officer present early in the morning with physical search.

yes my 10 month old son.

Who else saw what happened?

Just me, my baby and the two detectives

#### IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. yes, Anxiety, insomnia.

Therapy and also sleep meds and meds for Anxiety that I was never diagnosed with prior to the incidents

**V. Relief:**

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. monetary compensation

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 22 day of June, 2015

Signature of Plaintiff

Mailing Address

Telephone Number

Fax Number (if you have one)

Melita Adelino

130 Baruch Pl.  
Apt F12 10002  
NY NY

347/483-0717

**Note:** All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

**For Prisoners:**

I declare under penalty of perjury that on this 22 day of June, 2015, I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Inmate Number